

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known)

Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name FARMACIA SAN JUSTO INC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 66-0360854

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

ROAD 848 INT SEC 181  
CENTRO COMERCIAL CUATRO PLAZAS  
Saint Just, PR 00978

Number, Street, City, State & ZIP Code

Trujillo Alto

County

PO BOX 1347  
Saint Just, PR 00978

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **FARMACIA SAN JUSTO INC**  
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above **OPERATION OF A PHARMACY**

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7  
☐ Chapter 9  
☒ Chapter 11. Check all that apply:

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).  
☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	When	Case number
District	When	Case number

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No  
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	Relationship
District	When
	Case number, if known

Debtor **FARMACIA SAN JUSTO INC**  
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety,

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☒ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated Liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **FARMACIA SAN JUSTO INC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.


I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

7/14/16  
MM / DD / YYYY

X

  
Signature of authorized representative of debtor

Title **PRESIDENT**

**HECTOR O RODRIGUEZ**

Printed name

**18. Signature of attorney**

X

  
Signature of attorney for debtor

Date

7/14/16  
MM / DD / YYYY

**CHARLES A. CUPRILL-HERNANDEZ**

Printed name

**CHARLES A CUPRILL PCS LAW OFFICES**

Firm name

**356 FORTALEZA STREET  
SECOND FLOOR  
San Juan, PR 00901**

Number, Street, City, State & ZIP Code

Contact phone **787-977-0515**

Email address **ccuprill@cuprill.com**

**USDC-PR114312**

Bar number and State

B2030 (Form 2030) (12/15)

United States Bankruptcy Court  
District of Puerto Rico

In re **FARMACIA SAN JUSTO INC**

Debtor(s)

Case No.

Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<b>10,000.00</b>
Prior to the filing of this statement I have received	\$	<b>10,000.00</b>
Balance Due	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**7/14/2016**

Date



**CHARLES A. CUPRILL-HERNANDEZ USDC-PR114312**

Signature of Attorney

**CHARLES A CUPRILL PCS LAW OFFICES**

**356 FORTALEZA STREET**

**SECOND FLOOR**

**San Juan, PR 00901**

**787-977-0515 Fax: 787-977-0518**

**ccuprill@cuprill.com**

Name of law firm

Fill in this information to identify the case:

Debtor name **FARMACIA SAN JUSTO INC**United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... \$ **0.00****1b. Total personal property:**Copy line 91A from Schedule A/B..... \$ **0.00****1c. Total of all property:**Copy line 92 from Schedule A/B..... \$ **0.00****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D..... \$ **180,511.89****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$ **162,331.64****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... +\$ **959,903.77****4. Total liabilities** .....

Lines 2 + 3a + 3b

\$ **1,302,747.30**



Fill in this information to identify the case:

Debtor name **FARMACIA SAN JUSTO INC**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known)

☐ Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	
<b>\$180,511.89</b>	<b>\$180,511.89</b>

**2.1 ORIENTAL BANK**

Creditor's Name

**PO BOX 195115**  
**San Juan, PR 00919-5115**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**BALANCE AS OF**  
**07/13/2016**

Last 4 digits of account number  
**0003**

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien  
**SECURED BY REAL ESTATE PROPERTY**

Describe the lien  
**BANK LOAN**

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes
- Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$180,511.89**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **FARMACIA SAN JUSTO INC**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing address

**CRIM  
BANKRUPTCY DEPT  
PO BOX 195387  
San Juan, PR 00919-5387**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$49,411.20**

**\$49,411.20**

Date or dates debt was incurred

Basis for the claim:

**PERSONAL PROPERTY TAX**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☒ No  
☐ Yes

2.2 Priority creditor's name and mailing address

**DEPARTMENT OF TREASURY  
BANKRUPTCY SECTION  
PO BOX 9024140 OFFICE 424 B  
San Juan, PR 00902-4140**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$27,974.86**

**\$27,974.86**

Date or dates debt was incurred

Basis for the claim:

**SALES AND USE TAX**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☒ No  
☐ Yes



Debtor **FARMACIA SAN JUSTO INC**  
Name

Case number (if known)

2.3	Priority creditor's name and mailing address <b>INTERNAL REVENUE SERVICE PO BOX 7346 Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$49,107.17</b>	<b>\$49,107.17</b>
-----	---	--	--------------------	--------------------

Date or dates debt was incurred

Basis for the claim:  
**PAYROLL TAXES**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No  
☐ Yes

2.4	Priority creditor's name and mailing address <b>MUNICIPALITY OF TRUJILLO ALTO PO BOX 1869 Trujillo Alto, PR 00977</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$8,407.20</b>	<b>\$8,407.20</b>
-----	--	--	-------------------	-------------------

Date or dates debt was incurred

Basis for the claim:  
**MUNICIPAL TAXES**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No  
☐ Yes

2.5	Priority creditor's name and mailing address <b>MUNICIPALITY OF TRUJILLO ALTO PO BOX 1869 Trujillo Alto, PR 00977</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,439.21</b>	<b>\$1,439.21</b>
-----	--	--	-------------------	-------------------

Date or dates debt was incurred

Basis for the claim:  
**SALES AND USE TAX (MUNICIPAL)**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No  
☐ Yes

2.6	Priority creditor's name and mailing address <b>STATE INSURANCE FUND CORPORATION PO BOX 365028 San Juan, PR 00936-5028</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$25,992.00</b>	<b>\$25,992.00</b>
-----	---	--	--------------------	--------------------

Date or dates debt was incurred

Basis for the claim:  
**WORKMEN COMPENSATION**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No  
☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor **FARMACIA SAN JUSTO INC**

Case number (if known)

3.1	Nonpriority creditor's name and mailing address <b>AERONET WIRELESS CONNECTION</b> PO BOX270013 San Juan, PR 00927 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INTERNET PROVIDER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$622.75</b>
3.2	Nonpriority creditor's name and mailing address <b>AMERICAN COLORS</b> PO BOX 367683 San Juan, PR 00936-7683 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$542.89</b>
3.3	Nonpriority creditor's name and mailing address <b>AMERICAN EXPRESS</b> PO BOX 1270 Newark, NJ 07101-1270 Date(s) debt was incurred _____ Last 4 digits of account number <u>1004</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CREDIT CARDS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,818.01</b>
3.4	Nonpriority creditor's name and mailing address <b>AMERICAN EXPRESS</b> PO BOX 1270 Newark, NJ 07101-1270 Date(s) debt was incurred _____ Last 4 digits of account number <u>3003</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CREDIT CARDS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,374.93</b>
3.5	Nonpriority creditor's name and mailing address <b>ANDA PUERTO RICO</b> 2915 WESTON ROAD WESTON Fort Lauderdale, FL 33331 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MEDICINE INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,770.44</b>
3.6	Nonpriority creditor's name and mailing address <b>ARA SECURITY INTEGRATORS</b> PO BOX 29742 San Juan, PR 00929-0742 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SECURITY SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.17</b>
3.7	Nonpriority creditor's name and mailing address <b>AUTORIDAD DE ACUEDUCTOS Y</b> ALCANTARILLADO PO BOX 70101 San Juan, PR 00936-8101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITY - WATER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$396.24</b>

Debtor **FARMACIA SAN JUSTO INC**

Case number (if known)

3.8	Nonpriority creditor's name and mailing address <b>AXIS CARE</b> <b>PO BOX 1366</b> <b>Dorado, PR 00646-1366</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,991.09</b>
3.9	Nonpriority creditor's name and mailing address <b>B FERNANDEZ</b> <b>PO BOX 363629</b> <b>San Juan, PR 00936-3629</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,027.20</b>
3.10	Nonpriority creditor's name and mailing address <b>BALLESTER HERMANOS INC</b> <b>PO BOX 364548</b> <b>San Juan, PR 00936-4548</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,199.64</b>
3.11	Nonpriority creditor's name and mailing address <b>BANCO POPULAR DE PUERTO RICO</b> <b>BANKRUPTCY DEPARTMENT</b> <b>GPO BOX 366818</b> <b>San Juan, PR 00936</b> Date(s) debt was incurred <u><b>BALANCE AS OF 07/13/2016</b></u> Last 4 digits of account number <u><b>7806</b></u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>BANK LOAN</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$49,816.23</b>
3.12	Nonpriority creditor's name and mailing address <b>BANCO POPULAR DE PUERTO RICO</b> <b>BANKRUPTCY DEPARTMENT</b> <b>GPO BOX 366818</b> <b>San Juan, PR 00936</b> Date(s) debt was incurred <u><b>BALANCE AS OF 07/13/2016</b></u> Last 4 digits of account number <u><b>9000</b></u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>BANK LOAN</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48,826.10</b>
3.13	Nonpriority creditor's name and mailing address <b>CARDINAL HEALTH-7914</b> <b>PO BOX 366211</b> <b>San Juan, PR 00936-6211</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$134,484.06</b>
3.14	Nonpriority creditor's name and mailing address <b>CENTRO 4 BUILDING ADMINISTRATION INC</b> <b>PO BOX 90</b> <b>Saint Just, PR 00978</b> Date(s) debt was incurred <u><b>BALANCE AS OF 07/13/2016</b></u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>RENT</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,216.49</b>

Debtor **FARMACIA SAN JUSTO INC**

Case number (if known) \_\_\_\_\_

3.15	Nonpriority creditor's name and mailing address <b>CESAR CASTILLO INC</b> <b>PO BOX 191149</b> <b>San Juan, PR 00919-1149</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,074.44</b>
3.16	Nonpriority creditor's name and mailing address <b>CHOI GIFT</b> <b>839 AÑASCO STREET</b> <b>San Juan, PR 00925</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$323.93</b>
3.17	Nonpriority creditor's name and mailing address <b>COLONIAL INSURANCE AGENCY INC</b> <b>PO BOX 192511</b> <b>San Juan, PR 00919-2511</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INSURANCE POLICY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,648.00</b>
3.18	Nonpriority creditor's name and mailing address <b>DE LAGE LANDEN FINANCIAL SERVICES INC</b> <b>1111 OLD EAGLE SCHOOL ROAD</b> <b>Wayne, PA 19087</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>COPIERS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$414.95</b>
3.19	Nonpriority creditor's name and mailing address <b>DEL RIO TRADING &amp; BEAUTY SUPPLY</b> <b>PO BOX 779</b> <b>Camuy, PR 00627</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$619.70</b>
3.20	Nonpriority creditor's name and mailing address <b>DELTA DENTAL PLAN OF PR INC</b> <b>14 CALLE 2</b> <b>SUITE 200</b> <b>Guaynabo, PR 00968-1735</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>DENTAL HEALTH PLAN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$216.96</b>
3.21	Nonpriority creditor's name and mailing address <b>DROGUERIA BETANCES INC</b> <b>PO BOX 368</b> <b>Caguas, PR 00726</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MEDICINE INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$608,968.37</b>

Debtor **FARMACIA SAN JUSTO INC**  
Name

Case number (if known)

3.22	Nonpriority creditor's name and mailing address <b>DRUG PACKAGE INC</b> <b>901 DRUG PACKAGE LANE</b> <b>O Fallon, MO 63366</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>PACKAGING MATERIALS</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,042.15</b>
3.23	Nonpriority creditor's name and mailing address <b>EVERGREEN ENTERPRISE</b> <b>PO BOX 602961</b> <b>Charlotte, NC 28260-2961</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$807.81</b>
3.24	Nonpriority creditor's name and mailing address <b>FMC DISTRIBUTORS</b> <b>PO BOX 801000</b> <b>Coto Laurel, PR 00780-1000</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>MEDICINE INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,006.76</b>
3.25	Nonpriority creditor's name and mailing address <b>FREEDOM MEDICAL</b> <b>PO BOX 3389</b> <b>Juncos, PR 00777</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$749.12</b>
3.26	Nonpriority creditor's name and mailing address <b>FRIEND SMITH &amp; CO</b> <b>PO BOX 366206</b> <b>San Juan, PR 00936-6206</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$285.31</b>
3.27	Nonpriority creditor's name and mailing address <b>GOLOSINAS E&amp;S</b> <b>PO BOX 364872</b> <b>San Juan, PR 00936-4872</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$122.28</b>
3.28	Nonpriority creditor's name and mailing address <b>JUAR GON CORP</b> <b>1745 JESUS T PINEIRO AVENUE</b> <b>San Juan, PR 00920</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$543.98</b>



Debtor **FARMACIA SAN JUSTO INC**  
Name

Case number (if known)

3.29	Nonpriority creditor's name and mailing address <b>L C A SCHOOL SUPPLY</b> <b>N 39 MAGNOLIA AVENUE</b> <b>MAGNOLIA GARDENS</b> <b>Bayamon, PR 00956</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>INVENTORY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$942.99</b>
3.30	Nonpriority creditor's name and mailing address <b>LAS LOMAS BAKERY</b> <b>1654 AMERICO MIRANDA AVENUE</b> <b>San Juan, PR 00921</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>INVENTORY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,039.37</b>
3.31	Nonpriority creditor's name and mailing address <b>LLORENS PHARMACEUTICAL CORP</b> <b>PMB 396</b> <b>San Juan, PR 00926-4660</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>MEDICINE INVENTORY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,019.40</b>
3.32	Nonpriority creditor's name and mailing address <b>MADISON CAPITAL</b> <b>11433 CRONRIDGE DRIVE</b> <b>SUITE F</b> <b>Owings Mills, MD 21117-2294</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>EQUIPMENT LEASE</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$465.00</b>
3.33	Nonpriority creditor's name and mailing address <b>MALAVE BROTHERS INC</b> <b>1073 FERROCARRIL STREET</b> <b>RIO PIEDRAS</b> <b>San Juan, PR 00925</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>INVENTORY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$662.67</b>
3.34	Nonpriority creditor's name and mailing address <b>MAPFRE LIFE INSURANCE COMPANY OF PR</b> <b>PO BOX 70297</b> <b>San Juan, PR 00936-8297</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>INSURANCE POLICY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,558.85</b>
3.35	Nonpriority creditor's name and mailing address <b>MODERN TECH</b> <b>144 WESER STREET</b> <b>RIO PIEDRAS HEIGHTS</b> <b>San Juan, PR 00926</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>COMMUNICATIONS SERVICES</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,500.00</b>

Debtor **FARMACIA SAN JUSTO INC**

Case number (if known)

Name

3.36 Nonpriority creditor's name and mailing address  
**MUTUAL OF OMAHA INSURANCE CO**  
**3300 MUTUAL OF OMAHA PLAZA**  
**Omaha, NE 68175**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

**\$550.92**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: **DISABILITY INSURANCE**

Is the claim subject to offset? ☒ No ☐ Yes

3.37 Nonpriority creditor's name and mailing address  
**NOREGA LABORATORIES**  
**PO BOX 8804**  
**Carolina, PR 00988**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

**\$225.12**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.38 Nonpriority creditor's name and mailing address  
**OGOYI DISTRIBUTORS**  
**PMB 456**  
**90 RIO HONDO AVENUE**  
**Bayamon, PR 00961**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

**\$209.78**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.39 Nonpriority creditor's name and mailing address  
**ON TIME SOFT INC**  
**PMB 204**  
**PO BOX 3017**  
**Carolina, PR 00984-6684**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

**\$1,068.93**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.40 Nonpriority creditor's name and mailing address  
**PAR MED**  
**PO BOX 366211**  
**San Juan, PR 00936-6211**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

**\$13,452.42**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: **MEDICINE INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.41 Nonpriority creditor's name and mailing address  
**POPULAR AUTO, INC.**  
**EDIF BANCO POPULAR**  
**1901 AVE J T PINERO STE 467**  
**San Juan, PR 00920-5608**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

**\$557.67**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: **LEASE AGREEMENT**

Is the claim subject to offset? ☒ No ☐ Yes

3.42 Nonpriority creditor's name and mailing address  
**PR ELECTRIC POWER AUTHORITY**  
**BANKRUPTCY OFFICE**  
**PO BOX 364267**  
**San Juan, PR 00936**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

**\$5,082.20**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: **ELECTRIC POWER SERVICES**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **FARMACIA SAN JUSTO INC**

Case number (if known)

3.43	Nonpriority creditor's name and mailing address <b>PRICE &amp; NOVELTIES</b> <b>PO BOX 191108</b> <b>San Juan, PR 00919-1108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$644.00</b>
3.44	Nonpriority creditor's name and mailing address <b>R &amp; H DISTRIBUTORS CORP</b> <b>BOX 3511</b> <b>BAYAMO GARDENS STATION</b> <b>Bayamon, PR 00958</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,043.99</b>
3.45	Nonpriority creditor's name and mailing address <b>RADIO MARKETING SYSTEMS</b> <b>425 ROAD 693</b> <b>PMB 193</b> <b>Dorado, PR 00646</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>ADVERTISING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
3.46	Nonpriority creditor's name and mailing address <b>REAL TIME PAIN INTERNATIONAL LLC</b> <b>9 CARRION MADURO STREET</b> <b>Juana Diaz, PR 00795</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$241.44</b>
3.47	Nonpriority creditor's name and mailing address <b>RICOH PUERTO RICO INC</b> <b>431 PONCE DE LEON AVENUE</b> <b>EDIF NATIONAL PLAZA SUITE 1700</b> <b>San Juan, PR 00917</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>COPIERS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$245.66</b>
3.48	Nonpriority creditor's name and mailing address <b>RIVIR</b> <b>PO BOX 9083393</b> <b>San Juan, PR 00902-3393</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$126.00</b>
3.49	Nonpriority creditor's name and mailing address <b>SOBRINO DISTRIBUTORS</b> <b>PO BOX 29815</b> <b>San Juan, PR 00929-0615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$689.39</b>

Debtor **FARMACIA SAN JUSTO INC**  
Name

Case number (if known)

**3.50** Nonpriority creditor's name and mailing address **SOLMARI FIGUEROA**  
**PO BOX 5031**  
**Carolina, PR 00984-5031**  
Date(s) debt was incurred  
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply. **\$682.50**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **INVENTORY**  
Is the claim subject to offset? ☒ No ☐ Yes

**3.51** Nonpriority creditor's name and mailing address **SONS**  
**PO BOX 193471**  
**San Juan, PR 00919-3471**  
Date(s) debt was incurred  
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply. **\$2,146.04**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **INVENTORY**  
Is the claim subject to offset? ☒ No ☐ Yes

**3.52** Nonpriority creditor's name and mailing address **SPOT ON HOLD SERVICE**  
**PO BOX 1836**  
**Mayaguez, PR 00681**  
Date(s) debt was incurred  
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply. **\$99.90**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **TELECOMMUNICATION SERVICES**  
Is the claim subject to offset? ☒ No ☐ Yes

**3.53** Nonpriority creditor's name and mailing address **TDS OPERATING INC**  
**788 MONTGOMERY AVENUE**  
**Ocoee, FL 34761**  
Date(s) debt was incurred  
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply. **\$796.22**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **TELEPHONE AND DATA SERVICES**  
Is the claim subject to offset? ☒ No ☐ Yes

**3.54** Nonpriority creditor's name and mailing address **THE GIFT COMPANY**  
**PO BOX 9355**  
**Caguas, PR 00726**  
Date(s) debt was incurred  
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply. **\$284.31**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **INVENTORY**  
Is the claim subject to offset? ☒ No ☐ Yes

**3.55** Nonpriority creditor's name and mailing address **WESTMINSTER PHARMACEUTICALS LLC**  
**1115 GUNN HWY SUITE 201**  
**Odessa, FL 33556**  
Date(s) debt was incurred  
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply. **\$309.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **MEDICINE INVENTORY**  
Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

Debtor **FARMACIA SAN JUSTO INC**  
Name

Case number (if known)

5a. Total claims from Part 1  
5b. Total claims from Part 2  
  
5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5a.	\$	162,331.64
5b.	+	959,903.77
5c.	\$	1,122,235.41



Fill in this information to identify the case:

Debtor name FARMACIA SAN JUSTO INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☒ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☒ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☒ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

7/14/16

x

  
Signature of individual signing on behalf of debtor

**HECTOR O RODRIGUEZ**

Printed name

**PRESIDENT**

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **FARMACIA SAN JUSTO INC**  
 United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AMERICAN EXPRESS PO BOX 1270 Newark, NJ 07101-1270	1-800-545-1171	CREDIT CARDS				\$4,818.01
ANDA PUERTO RICO 2915 WESTON ROAD WESTON Fort Lauderdale, FL 33331	1-800-331-2632	MEDICINE INVENTORY				\$3,770.44
AXIS CARE PO BOX 1366 Dorado, PR 00646-1366	787-251-2323	INVENTORY				\$2,991.09
BANCO POPULAR DE PUERTO RICO BANKRUPTCY DEPARTMENT GPO BOX 366818 San Juan, PR 00936	787-753-7849	BANK LOAN				\$49,816.23
CARDINAL HEALTH-7914 PO BOX 366211 San Juan, PR 00936-6211	787-625-4200	INVENTORY				\$134,484.06
CENTRO 4 BUILDING ADMINISTRATION INC PO BOX 90 Saint Just, PR 00978	787-755-0040	RENT				\$28,216.49
CESAR CASTILLO INC PO BOX 191149 San Juan, PR 00919-1149	787-999-1616	INVENTORY				\$7,074.44

Debtor **FARMACIA SAN JUSTO INC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
COLONIAL INSURANCE AGENCY INC PO BOX 192511 San Juan, PR 00919-2511	787-754-7150	INSURANCE POLICY				\$7,648.00
CRIM BANKRUPTCY DEPT PO BOX 195387 San Juan, PR 00919-5387	787-625-2746	PERSONAL PROPERTY TAX				\$49,411.20
DEPARTMENT OF TREASURY BANKRUPTCY SECTION PO BOX 9024140 OFFICE 424 B San Juan, PR 00902-4140	787-771-3072	SALES AND USE TAX				\$27,974.86
DROGUERIA BETANCES INC PO BOX 368 Caguas, PR 00726	787-746-0952	MEDICINE INVENTORY				\$608,968.37
DRUG PACKAGE INC 901 DRUG PACKAGE LANE O Fallon, MO 63366	1-800-325-6137	PACKAGING MATERIALS				\$3,042.15
INTERNAL REVENUE SERVICE PO BOX 7346 Philadelphia, PA 19101-7346	1-800-973-0424	PAYROLL TAXES				\$49,107.17
MAPFRE LIFE INSURANCE COMPANY OF PR PO BOX 70297 San Juan, PR 00936-8297	787-250-5214	INSURANCE POLICY				\$2,558.85
MODERN TECH 144 WESER STREET RIO PIEDRAS HEIGHTS San Juan, PR 00926	787-579-3913	COMMUNICATIONS SERVICES				\$10,500.00
MUNICIPALITY OF TRUJILLO ALTO PO BOX 1869 Trujillo Alto, PR 00977	787-761-0172	MUNICIPAL TAXES				\$8,407.20

Debtor **FARMACIA SAN JUSTO INC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
PAR MED PO BOX 366211 San Juan, PR 00936-6211	787-625-4167	MEDICINE INVENTORY				\$13,452.42
PR ELECTRIC POWER AUTHORITY BANKRUPTCY OFFICE PO BOX 364267 San Juan, PR 00936	787-521-4150	ELECTRIC POWER SERVICES				\$5,082.20
SONS PO BOX 193471 San Juan, PR 00919-3471	787-585-2451	INVENTORY				\$2,146.04
STATE INSURANCE FUND CORPORATION PO BOX 365028 San Juan, PR 00936-5028	787-793-6957	WORKMEN COMPENSATION				\$25,992.00

**United States Bankruptcy Court  
District of Puerto Rico**

In re FARMACIA SAN JUSTO INC

Debtor(s)

Case No.  
Chapter


11

**VERIFICATION OF CREDITOR MATRIX**

I, the PRESIDENT of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date:

7/14/16

  
HECTOR O RODRIGUEZ/PRESIDENT  
Signer Title



AERONET WIRELESS CONNECTION  
PO BOX270013  
San Juan, PR 00927

AMERICAN COLORS  
PO BOX 367683  
San Juan, PR 00936-7683

AMERICAN EXPRESS  
PO BOX 1270  
Newark, NJ 07101-1270

ANDA PUERTO RICO  
2915 WESTON ROAD  
WESTON  
Fort Lauderdale, FL 33331

ARA SECURITY INTEGRATORS  
PO BOX 29742  
San Juan, PR 00929-0742

AUT DE ACUEDUCTOS Y ALCANTARILLADO  
PO BOX 70101  
San Juan, PR 00936-8101

AXIS CARE  
PO BOX 1366  
Dorado, PR 00646-1366

B FERNANDEZ  
PO BOX 363629  
San Juan, PR 00936-3629

BALLESTER HERMANOS INC  
PO BOX 364548  
San Juan, PR 00936-4548

BANCO POPULAR DE PUERTO RICO  
BANKRUPTCY DEPARTMENT  
GPO BOX 366818  
San Juan, PR 00936

CARDINAL HEALTH-7914  
PO BOX 366211  
San Juan, PR 00936-6211

CENTRO 4 BUILDING ADMINISTRATION INC  
PO BOX 90  
Saint Just, PR 00978

CESAR CASTILLO INC  
PO BOX 191149  
San Juan, PR 00919-1149

CHOI GIFT  
839 ANASCO STREET  
San Juan, PR 00925

COLONIAL INSURANCE AGENCY INC  
PO BOX 192511  
San Juan, PR 00919-2511

CRIM  
BANKRUPTCY DEPT  
PO BOX 195387  
San Juan, PR 00919-5387

DE LAGE LANDEN FINANCIAL SERVICES INC  
1111 OLD EAGLE SCHOOL ROAD  
Wayne, PA 19087

DEL RIO TRADING & BEAUTY SUPPLY  
PO BOX 779  
Camuy, PR 00627

DELTA DENTAL PLAN OF PR INC  
14 CALLE 2  
SUITE 200  
Guaynabo, PR 00968-1735

DEPARTMENT OF TREASURY  
BANKRUPTCY SECTION  
PO BOX 9024140 OFFICE 424 B  
San Juan, PR 00902-4140

DROGUERIA BETANCES INC  
PO BOX 368  
Caguas, PR 00726

DRUG PACKAGE INC  
901 DRUG PACKAGE LANE  
O Fallon, MO 63366

EVERGREEN ENTERPRISE  
PO BOX 602961  
Charlotte, NC 28260-2961

FMC DISTRIBUTORS  
PO BOX 801000  
Coto Laurel, PR 00780-1000

FREEDOM MEDICAL  
PO BOX 3389  
Juncos, PR 00777

FRIEND SMITH & CO  
PO BOX 366206  
San Juan, PR 00936-6206

GOLOSINAS E&S  
PO BOX 364872  
San Juan, PR 00936-4872

INTERNAL REVENUE SERVICE  
PO BOX 7346  
Philadelphia, PA 19101-7346

JUAR GON CORP  
1745 JESUS T PINEIRO AVENUE  
San Juan, PR 00920

L C A SCHOOL SUPPLY  
N 39 MAGNOLIA AVENUE  
MAGNOLIA GARDENS  
Bayamon, PR 00956

LAS LOMAS BAKERY  
1654 AMERICO MIRANDA AVENUE  
San Juan, PR 00921

LLORENS PHARMACEUTICAL CORP  
PMB 396  
San Juan, PR 00926-4660

MADISON CAPITAL  
11433 CRONRIDGE DRIVE  
SUITE F  
Owings Mills, MD 21117-2294

MALAVE BROTHERS INC  
1073 FERROCARRIL STREET  
RIO PIEDRAS  
San Juan, PR 00925

MAPFRE LIFE INSURANCE COMPANY OF PR  
PO BOX 70297  
San Juan, PR 00936-8297

MODERN TECH  
144 WESER STREET  
RIO PIEDRAS HEIGHTS  
San Juan, PR 00926

MUNICIPALITY OF TRUJILLO ALTO  
PO BOX 1869  
Trujillo Alto, PR 00977

MUTUAL OF OMAHA INSURANCE CO  
3300 MUTUAL OF OMAHA PLAZA  
Omaha, NE 68175

NOREGA LABORATORIES  
PO BOX 8804  
Carolina, PR 00988

OGOYI DISTRIBUTORS  
PMB 456  
90 RIO HONDO AVENUE  
Bayamon, PR 00961

ON TIME SOFT INC  
PMB 204  
PO BOX 3017  
Carolina, PR 00984-6684

ORIENTAL BANK  
PO BOX 195115  
San Juan, PR 00919-5115

PAR MED  
PO BOX 366211  
San Juan, PR 00936-6211

POPULAR AUTO, INC.  
EDIF BANCO POPULAR  
1901 AVE J T PINERO STE 467  
San Juan, PR 00920-5608

PR ELECTRIC POWER AUTHORITY  
BANKRUPTCY OFFICE  
PO BOX 364267  
San Juan, PR 00936

PRICE & NOVELTIES  
PO BOX 191108  
San Juan, PR 00919-1108

R & H DISTRIBUTORS CORP  
BOX 3511  
BAYAMO GARDENS STATION  
Bayamon, PR 00958

RADIO MARKETING SYSTEMS  
425 ROAD 693  
PMB 193  
Dorado, PR 00646

REAL TIME PAIN INTERNATIONAL LLC  
9 CARRION MADURO STREET  
Juana Diaz, PR 00795

RICOH PUERTO RICO INC  
431 PONCE DE LEON AVENUE  
EDIF NATIONAL PLAZA SUITE 1700  
San Juan, PR 00917

RIVIR  
PO BOX 9083393  
San Juan, PR 00902-3393

SOBRINO DISTRIBUTORS  
PO BOX 29815  
San Juan, PR 00929-0615

SOLMARI FIGUEROA  
PO BOX 5031  
Carolina, PR 00984-5031

SONS  
PO BOX 193471  
San Juan, PR 00919-3471

SPOT ON HOLD SERVICE  
PO BOX 1836  
Mayaguez, PR 00681

STATE INSURANCE FUND CORPORATION  
PO BOX 365028  
San Juan, PR 00936-5028

TDS OPERATING INC  
788 MONTGOMERY AVENUE  
Ocoee, FL 34761

THE GIFT COMPANY  
PO BOX 9355  
Caguas, PR 00726

WESTMINSTER PHARMACEUTICALS LLC  
1115 GUNN HWY SUITE 201  
Odessa, FL 33556



**CERTIFIED COPY OF RESOLUTION OF THE BOARD  
OF DIRECTORS AUTHORIZING THE FILING OF  
PETITION FOR REORGANIZATION UNDER CHAPTER 11  
OF THE BANKRUPTCY CODE**

RESOLVED: Whereas Farmacia San Justo, Inc. (the "Corporation") is unable to meet its obligations as they mature; and

Whereas, creditors are threatening suit and have threatened to undertake steps to obtain possession of some of the Corporation's assets; Now therefore,

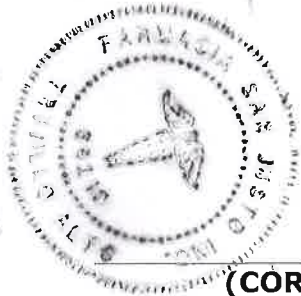
Be it resolved that a Petition in Proceedings under Chapter 11 of the Bankruptcy Code be filed by the Corporation and that Mr. Héctor Orlando Rodríguez Pastrana, the Corporation's President, be and hereby is authorized to execute on behalf of the Corporation and for it all the necessary documents for the filing of a Petition under Chapter 11 of the Bankruptcy Code; and be it further resolved;

That Mr. Héctor Orlando Rodríguez Pastrana be and hereby is authorized to pay unto the Clerk of the Court all necessary filing fees required by law by the Corporation or in its behalf, and be it further resolved;

That Charles A. Cuprill, P.S.C., Law Offices be employed to act as counsel for the Corporation in such bankruptcy proceedings.

The undersigned hereby certifies that he is the Secretary of the Corporation, and that the above is a true and correct copy of a resolution adopted by its Board of Directors at a duly constituted meeting held on the July 12, 2016 at 1p.m., in accordance with its corporate regulations; that quorum was present at said meeting; that said resolution has not been revoked, modified, annulled or amended in any manner whatsoever.

In witness hereof, I have hereunto set my hand and affixed the seal of the Corporation this 14<sup>th</sup> day of July, 2016.



**(CORPORATE SEAL)**

  
Héctor Ivan Rodríguez Pastrana  
**SECRETARY**

*Certified Copy of Corporate Resolution of the Board of Directors  
Authorizing the Filing of Petition for Reorganization under  
Chapter 11 of the Bankruptcy Code*

*Page -2-*

I, Héctor Ivan Rodríguez Pastrana, Secretary of Farmacia San Justo, Inc., of legal age, Single, and resident of San Juan, Puerto Rico do hereby certify under penalty of perjury, that the statements contained in the foregoing document are true according to the best of my knowledge, information and belief.

Trujillo Alto, Puerto Rico, this 14<sup>th</sup> day of July, 2016.



Héctor Ivan Rodríguez Pastrana  
**SECRETARY**